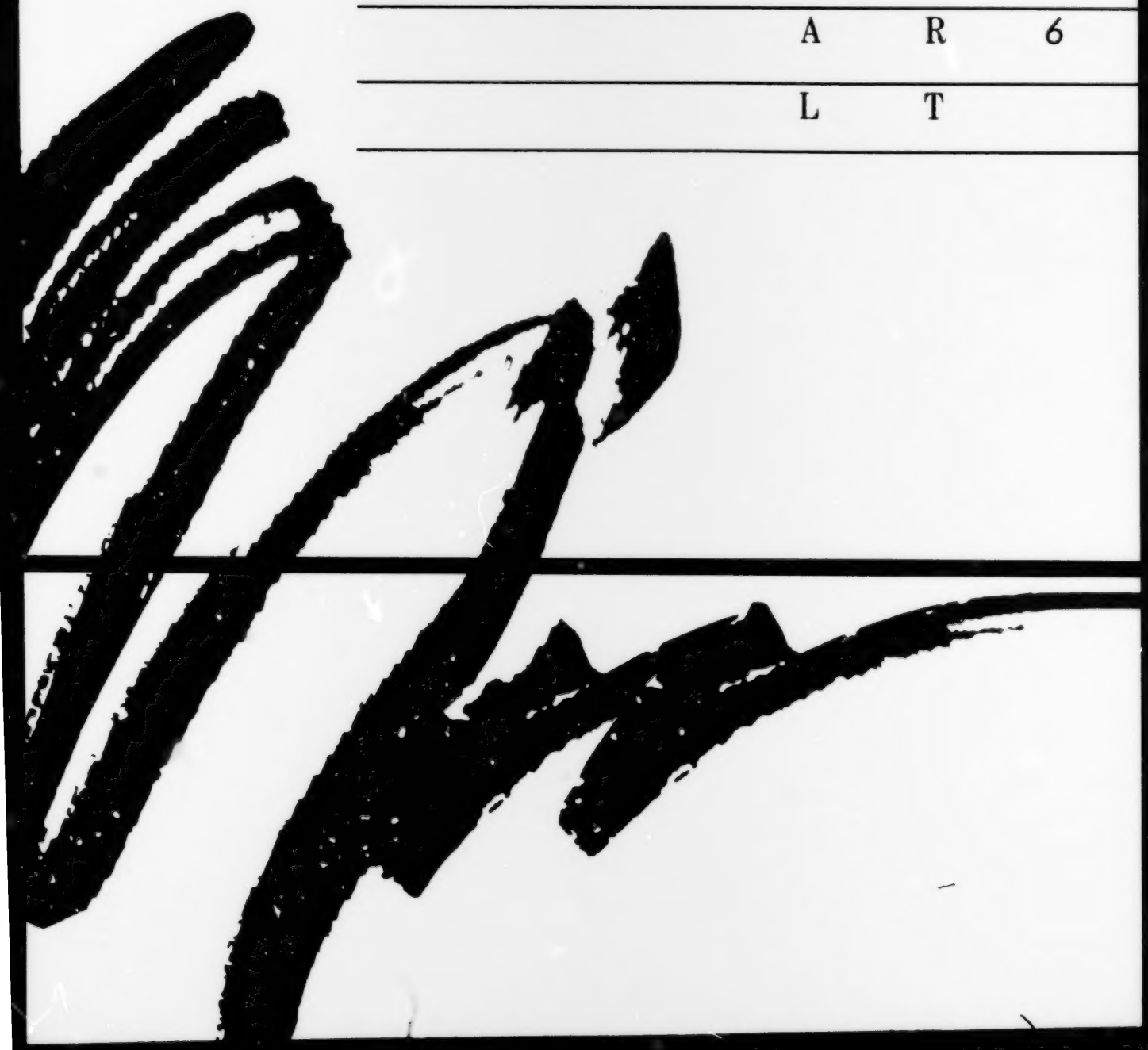
CLARKE INSTITUTE OF PSYCHIATRY

A R 8
N E 5
N P /
U O 8
A R 6
L T



87-02364/

The Clarke

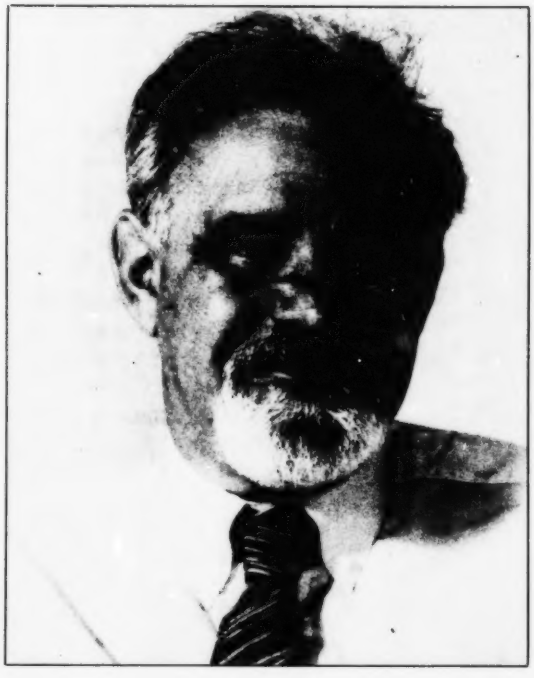
SINCE it opened on July 1, 1966, the Clarke Institute of Psychiatry has worked toward becoming a centre of psychiatric excellence.

As a hospital and resource centre for clinicians, educators and investigators in the mental health field, all of The Clarke's activities are directed to the conjoint aims of advancing knowledge and caring for patients. Specifically, there are programs for:

- the diagnosis, management and prevention of psychiatric disorders;
- the investigation of factors which contribute to psychiatric disorders and which interfere with mental health, and the training of specialized investigators for these programs;
- the training of students in the various mental health disciplines in collaboration with appropriate universities and colleges;
- the continuing education of professionals with respect to problems related to mental health and illness;
- the fostering of attitudes and knowledge in society which are likely to improve the mental health of our citizens; and
- the evaluation of the effectiveness and efficiency of all these programs.

REPORT OF THE DIRECTOR AND PSYCHIATRIST-IN-CHIEF

"Who among us today could build a house; race a yacht; be a champion tennis player; play the violin with a group of professional musicians; teach psychiatry in a faculty of medicine; superintend a large hospital; write numerous articles for professional journals; and still have enough time to harrass busy politicians in order to provide better care for the mentally ill?"



Dr. Matthew Dymond, Ontario's Minister of Health (1958-69) posed the question in his forward to Cyril Greenland's biography on Charles Kirk Clarke in which he described Dr. Clarke as "a man of abounding vitality, talent, vision and tenacity."

Dr. Clarke, a prominent Toronto psychiatrist during the late 19th century, devoted his life to the struggle for better facilities for the study and treatment of mental illness. He was known, according to Dr. Dymond, "as a man who in the end usually got what he wanted." What he wanted most of all was for the government of the day to establish a psychiatric hospital, one that would combine exemplary patient care with research and education. Such an institution would one day be named in his honour. Today, more than 60 years after his death in 1925, the Clarke Institute of Psychiatry is celebrating its 20th anniversary.

Anniversaries are difficult to understand: nothing happens objectively – that moment on New Year's Eve for example, when the year changes without a single click in the universe. Yet, we seem to need to give significance to the moment. Such occasions call for celebration, for self-examination, and for the making of promises to do better.

At The Clarke, we have looked at ourselves carefully during 1985-86. We have begun a process of long-range planning, re-organization and rationalization in order to re-direct our energies and our resources to those areas we feel are both pressing and promising.

We have adopted a new logo. The visual metaphor, which is incorporated on the cover and throughout this report, begins boldly with the concept of emotional upheaval and disorder. It sweeps across the page to find resolution in the two parallel lines. The highly stylized design, we believe, reflects the pioneering spirit of this facility whose mission it is to serve as a centre of expertise and learning for clinicians, educators and investigators in the mental health field.

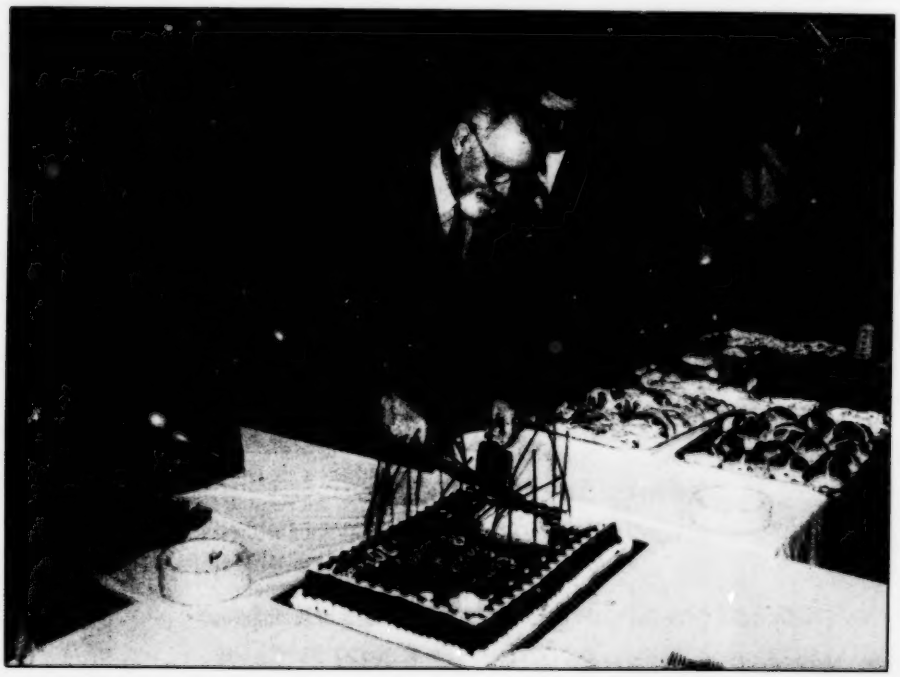
Our anniversary celebrations began in January, 1986 with an all staff kick-off party. In addition to our ongoing research, educational and clinical activities, The Clarke was host to more than 300 investigators taking part in the Department of Psychiatry's Research Day. Scientists throughout the University of Toronto teaching hospital network presented their most recent findings at the annual event which originated here 12 years ago. Clarke researchers presented the results of 30 studies currently underway. We are grateful for the support of those external agencies that have contributed more than $1.2 million to our research endeavours.

This spring, in collaboration with the Ontario Science Centre, we sponsored the *States of Mind* public education series. We welcomed members of the public to our own auditorium in March for a screening and discussion of the film *Ordinary People*. More than 200 people attended our international and interdisciplinary anniversary conference. The two-day event focussed on The Clarke's origins, its development over the last 20 years and its future directions. We were very pleased to welcome Ontario's Minister of Health, The Honourable Murray Elston, who referred to The Clarke as "a national resource and a pioneer in the treatment of all kinds of mental disorders."

The theme of the conference was similar to that of this year's annual report – The Clarke: Past, Present and Future. In the pages that follow, you will read about our history, where we are at present and our objectives for the future.

The overwhelming problems of psychiatry are, for the most part, unsolved. Our clinical care is far from perfect. Our research activity could be even more rigorous. But we have, to a considerable extent, become what we were supposed to be: "An institute for research, education and treatment."

We have cause to celebrate. We are proud of our achievements and can justify the high level of support given to us. And, we have every reason to continue to strive in order to reach even greater heights.



Vivian M. Rakoff, MB, BS
Director and
Psychiatrist-in-Chief

PAST

Born, as it was, at the height of the social unrest of the '60s, the Clarke Institute of Psychiatry couldn't, in a sense, have come along at a better time.

"It was apparent to all those concerned that the Toronto Psychiatric Hospital, The Clarke's predecessor, was outdated and inadequate," according to Dr. Charles Roberts, the institute's first executive director. There was a need for a place which would specialize in the treatment and study of mental illness.

Dr. Roberts came to Toronto in 1964. His mandate was to close the Toronto Psychiatric Hospital, to open The Clarke, and to develop teaching programs in mental health and psychiatry at the University of Toronto.

Two years later, on July 1, 1966, The Clarke opened with a mandate "to maintain, manage and operate a hospital with facilities for psychiatric research, education, diagnosis and treatment."

The Clarke's first priority has always been to provide the best possible clinical care for those in need of it. As Dr. Robin Hunter, director and psychiatrist-in-chief (1969-74) said: "A research experiment could be delayed or spoiled. A teaching program could flop. Although these were losses, they were not irretrievable. A wrong diagnosis or a missed treatment opportunity, however, were dangerous and regrettably, sometimes final."

In the first year 720 patients were admitted to The Clarke and 30,713 out-patient visits were recorded. These figures have doubled in 20 years. When it opened in 1966, the institute had 206 beds. Today there are 139, a significant reduction to match the decreased average length of stay. Increasingly effective treatment has shortened that by as much as 50 per cent.

But, we have a long way to go in isolating the physical, social and psychological causes of the illnesses from which our patients suffer. Research, then, is another area in which we have, over the years, concentrated a great deal of effort. To date we have been able to make some significant progress and discoveries.

It was at The Clarke, for example, where L-Dopa, now the primary treatment for Parkinson's disease, was developed. More recently, our researchers have discovered what they believe to be a genetic component or predisposition to depressive illness. Studies continue on malfunctioning neurotransmitters, believed to be at least partly responsible for diseases such as schizophrenia and other brain disorders. We continue to investigate drugs used in psychiatric care, the efficacy of non-drug therapies, disorders of gender identity, occupational stress and psychosomatic illness.

The Clarke developed a speech therapy program for stutterers which is now internationally renowned. The Active Treatment Clinic's award-winning support and education group for *Relatives and Friends of Schizophrenics* is justly famous.

Over the years The Clarke's clinical programs have changed in response to social conditions, community needs and research advances. Typically, a pilot program is developed to fill a perceived need; it is fully researched and evaluated. If it proves to be effective, it acts as a seed from which other projects take root and grow in the community. The *Community Contacts for the Widowed* support group model is one that has been exported worldwide. The Clarke was instrumental in the development of the *Survivor Support Programme* for those with a family member who has committed suicide, and the *Hong Fook Mental Health Service*, a community service for South-East Asian immigrants.

The Clarke is well-known for its expertise in the forensic field. The 22-bed in-patient unit assesses and treats persons referred primarily by the courts. METFORS, Metropolitan Toronto Forensic Service, also assesses and treats those who have been charged with an offense. The Family Court Clinic provides clinical services to the Toronto Provincial Court (Family Division).

Cases involving young offenders, custody and access disputes, and child welfare matters are referred for assessment and treatment.

A wide range of services for emotionally disturbed children and their families is provided by the Child and Family Studies Centre on a daycare or out-patient basis. Individual and family therapy is provided as are a number of specialized services for children.

From the beginning, Dr. Hunter says, "the whole staff at the institute felt a great sense of opportunity and purpose despite the pressure from within and without to be all things to all people."

When Dr. Fred Lowy succeeded Dr. Hunter in 1974, he felt a sense of mission at The Clarke, one that he says is even stronger now. It was during his tenure that the Royal College of Physicians and Surgeons applauded the institute's educational activities. As a teaching hospital of the University of Toronto, The Clarke provides specialized clinical training for psychiatric residents enrolled in the faculty of medicine. Students in other disciplines – nursing, social work, pharmacy, occupational therapy, psychology and child care – are all offered training opportunities here.

"Students studying at The Clarke had nothing to be ashamed of then, as indeed, they don't now." Dr. Lowy says.

Psychiatry, in the '70s, became increasingly specialized. At The Clarke, these were the years when we opened the affective disorders, eating disorders, psychogeriatric and psychotherapy units. A major re-organization placed greater emphasis on ambulatory services and on community outreach programs.

The Clinical Psychopharmacology Unit, a research-oriented service specializing in the study of drugs used in psychiatric care, has been added. The Behavioural Sexology, Human Brain and Psychopharmacology research sections have also been set up.

Over the past 20 years, we have not lost sight of our mandate to provide compassionate and exemplary care to those who suffer from mental illness; to try and find the causes and cures to relieve their suffering and to train students in the various mental health disciplines.

Our commitment to these goals will continue.

PRESENT

This section of the annual report focusses on Emergency Services and its unique role as a vital link between The Clarke and the community it serves.

John received his welfare cheque a week ago. Today all his money is gone. He felt depressed the other day so, to cheer himself up, he bought some new clothes and binged on alcohol and street drugs. Left with no money for food or rent, John arrived at The Clarke's Emergency Department.

Twelve years ago John was diagnosed as suffering from schizophrenia. He is 30 years old and has been admitted to hospital more than 10 times. His illness is complicated by substance abuse and forgetting to take his medication regularly. He suffers hallucinations. Sometimes he hears voices and has the delusional belief that he is being persecuted. He cannot hold a steady job and has often been evicted from his home. He is well known to Clarke Emergency staff. His psychiatric history and frequent visits to 'Emerg' are documented in a four volume chart.

"When John's in crisis he needs help right away," says Emergency intake worker, Janice Harris.

When patients walk through the doors into 'Emerg' Janice conducts a triage interview to determine the nature and urgency of the crisis. As in any emergency department, urgent cases are treated first. Often the initial interview is, in part, therapeutic and Janice is able to respond to the crisis immediately. In John's case this may mean a telephone call to the food bank, to his welfare worker or landlord and, if necessary, to a hostel.

If further assessment is needed, a psychiatrist is called to interview and assess the patient. The length of each interview varies and can take anywhere from 20 minutes to two hours.

"It really challenges your resources and creativity," says Dr. Betty Wallace, a second year resident who has just completed a six month rotation in Emergency Services. "Decisions have to be made quickly, usually based on inadequate information. Sometimes there are no readily available consultants – you're it! You have to learn how to zero in on the most pertinent information."

A thorough emergency assessment is crucial to the subsequent care of the patient, according to Dr. George Voineskos, psychiatrist-in-charge of Emergency Services. The main objectives of The Clarke's Emergency Services are to ensure the patient's safety and the safety of those in contact with him and to bring about the prompt and safe resolution of the emergency.

A thorough emergency assessment is crucial to the subsequent care of the patient.

Emergency plays a major support role during their recurrent crises — any time of the day or night.

The unique role of Emergency Services lies in its availability and accessibility to the public. Open 24 hours a day every day, a team of professionals provides care in all three areas of the coordinated Emergency Services: the Emergency Department, Crisis Unit and Urgent Clinic. The initial assessment is done in the Emergency Department. If admission is needed, the patient is transferred to the 10-bed Crisis Unit for a brief stay. If, on the other hand, further immediate (within a week) outpatient assessment or treatment is required (it usually takes a month through regular hospital procedures) the patient is referred to the Urgent Clinic.

Five disciplines make up the Emergency Services team. During the day, the team consists of a staff psychiatrist, resident, intake worker (nurse), social worker, psychologist and several students. In the evenings an intake worker and a resident are on duty, and at night, the nursing supervisor and a resident. More than half a dozen students are trained in Emergency including medical, nursing, social work, psychology and occupational therapy students. Education programs are set up on an apprenticeship model and form an integral part of daily clinical activities. The students observe, take part in discussions of assessment interviews and, with experience, participate in the interviews.

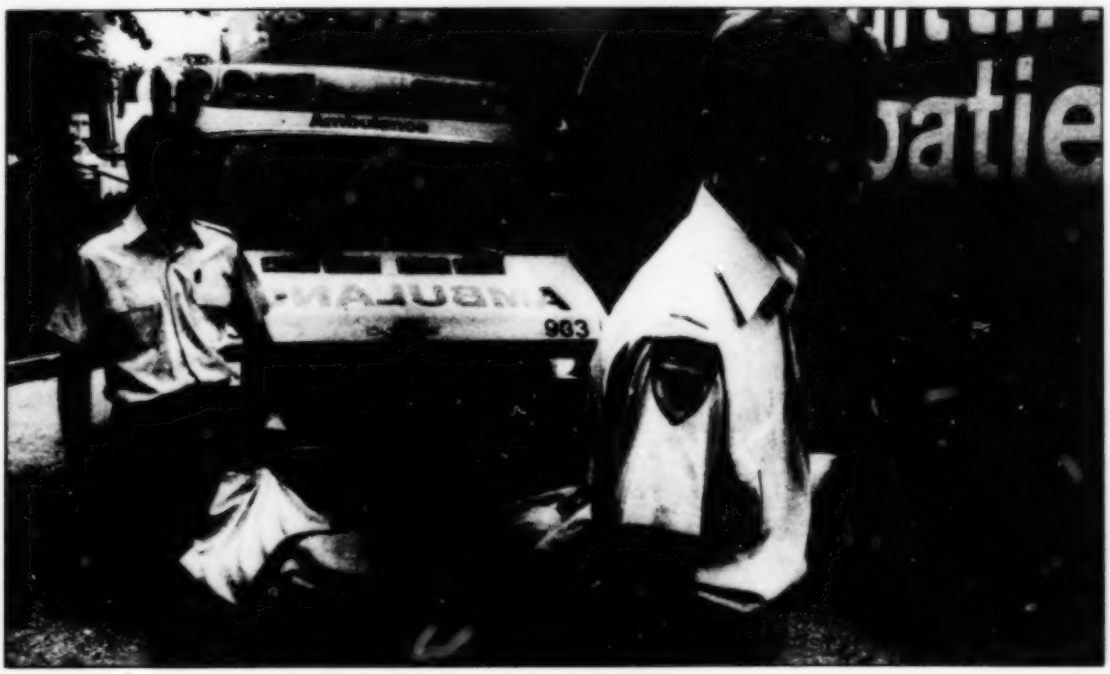
Between 80 and 90 per cent of patients seen in Emergency arrive between 8:00 a.m. and midnight, 50 per cent come during regular working hours on weekdays. Patients who arrive during the night, or on weekends, are more likely to be admitted than those who come during regular working hours according to a study conducted here.

Young adults, aged 20-30, make up the largest group of psychiatric emergencies. In many cases, these people are known as young or new chronic patients. Their problems and psychotic illnesses are similar to John's.

"They are the first generation of the chronically disabled who, since the beginning of their illnesses, have been treated during the deinstitutionalization era," explains Dr. Voineskos.

Many young long-term patients are unable to engage in rehabilitative programs and, as a result, make frequent use of emergency services. Generally, these patients alienate their families, friends and other supports. Although most young chronics seen in The Clarke's Emergency Department do have a psychiatrist here, Emergency plays a major support role during their recurrent crises – any time of the day or night.

Like other clinical units at The Clarke, research is an important component of Emergency Services. Recent studies have focussed on the new chronic patient because this group poses a relatively new and increased challenge for emergency staff. There have been studies on the decision to admit, suicidal ideation in emergency populations and rapid neuroleptization (rapid treatment of psychosis), to name a few. Although research to date has been limited, the breadth and scope of research in Emergency Services are expected to expand according to Dr. Voineskos. A $25,000 grant, for a study of the new chronic patient, and a $106,000 grant, for a



project on a new anti-psychotic drug, in collaboration with The Clarke's Clinical Psychopharmacology Unit, have just recently been awarded to Emergency Services.

Patients make close to 4,000 visits annually to The Clarke's Emergency Services; 23 per cent return after the first visit and about two thirds have had previous psychiatric contact. The other visits are from patients who enter for the first and often only time. For this group, that first experience is crucial. The manner in which they are treated and the impressions with which they leave will determine whether or not they return if they ever need emergency care. "It's important that they know they have a place to turn to when they are in crisis. We have to leave that door open to them," Harriett Collins, a social worker in Emergency explains.

Crises involving members of various ethnocultural groups, which make up about 28 per cent of all emergency visits, can be complicated by language barriers and cultural differences. When Michael, aged 20 and of Greek origins, arrived at The Clarke, his family felt it had run out of alternatives. Michael's mother (who spoke only Greek), his 16 year old sister and a male cousin, about 30 years old (his father was at work) brought him to the Emergency Department because he had eaten very little for three weeks and was suffering from severe depression.

"At first, information was given with an air of secrecy so common to other cultures," recalls psychologist, Paola Cermignani. "It is important to obtain whatever information is available and that can be difficult when not everyone is ready to provide the answers."

By interviewing all parties involved (the cousin interpreted for the mother), the Emergency assessment team discovered that, in fact, Michael had been depressed for many months. His family felt that he was suicidal. Michael was admitted to the Crisis Unit. His father, who found out his son had been admitted, arrived and demanded to take his son home.

"He said he was not leaving without his son. We had no choice but to let him go," Harriett remembers. "It's a terrible thing to see that happen but hopefully it (the emergency contact) set a scene for when he does return. At least they have made that initial connection."

Although patients and families may take that initial step to Emergency with great trepidation, it's interesting to note that between 60 and 80 per cent of psychiatric emergency cases are referred by either the individuals themselves or their families, according to studies done in Canada and the U.S. Referrals by general practitioners account for six to 20 per cent and those by the police, seven to 10 per

cent. Of all those seen in Emergency at The Clarke, 80 per cent require some form of follow-up care, be it on an in-patient or out-patient basis. Approximately 18 per cent require emergency hospitalization, usually in the Crisis Unit. Occasionally, difficulties arise in trying to convince the family or patient that admission is necessary. Conversely, in the case of the elderly, the difficulty may be in telling a family that its 80 year old aunt doesn't need psychiatric hospitalization.

Sarah, aged 71, had no relatives on whom she could depend to bring her in to Emergency Services. One night Sarah wandered away from her apartment and was found, disoriented and confused, sitting in a subway station at about 2:30 a.m. With a history of manic-depression, Sarah had been at The Clarke before. Her depression was compounded by the fact that her roommate, an older woman with rheumatoid arthritis, had to move to a special residence because of her condition. With no one to care for her, Sarah had to move to a home for the elderly. In the interim, she stayed in the Crisis Unit.

"She has a very established relationship with her roommate," Arnold Morrissey, chief social worker in Emergency Services, explains sympathetically. "I think it's devastating for her that this relationship has fallen apart."

It takes special individuals to make up an effective emergency team. "The ability to remain calm, to work under pressure, to tolerate uncertainty, the sometimes negative feelings of patients and others, and to convey a sense of empathy are essential," says Dr. Voineskos. Staff encounter the whole gamut of psychiatric problems and illnesses including patients who are suicidal or violent.

"Even when the situation seems pretty awful, you've got to give the impression that yes, 'I can help you and I'm going to help' – even when you don't know quite what you are going to do," says Arnold.

Janice realizes that John may never hold a steady job or be able to keep regular appointments but she marvels at the progress he does make.

Sometimes even the professionals can't get to the root of the problem within the time available. A patient may come in with a problem that is symptomatic of another much more complex one.

Mary, 24 years old, was brought in by her husband because she had an immobilizing fear of fires. The phobia developed after there had been two fires in their apartment building. Mary, an attractive and intelligent woman who was normally very much in control, was unable to shower in her apartment, she was afraid to go home or to be alone in the apartment.

She was admitted to the Crisis Unit. During her stay here, the Emergency team began to recognize a connection between Mary's fear and the difficulties she was experiencing in her marriage. Both marital and behaviour therapy were recommended. During her stay, Mary was able to come to terms with her feelings. She found a job and overcame her fear of fire (she did insist on moving out of the apartment).

Emergency does have its happy endings, but many cases are similar to John's and require patience and the ability to accept certain limitations. Janice realizes that John may never hold a steady job or be able to keep regular appointments but she marvels at the progress he does make, "Seeing him come in and say, 'You know what Janice? I'm here today and I just want to tell you I worked yesterday. I made some money, I feel good and I want you to know that.' That's a wonderful thing."

FUTURE

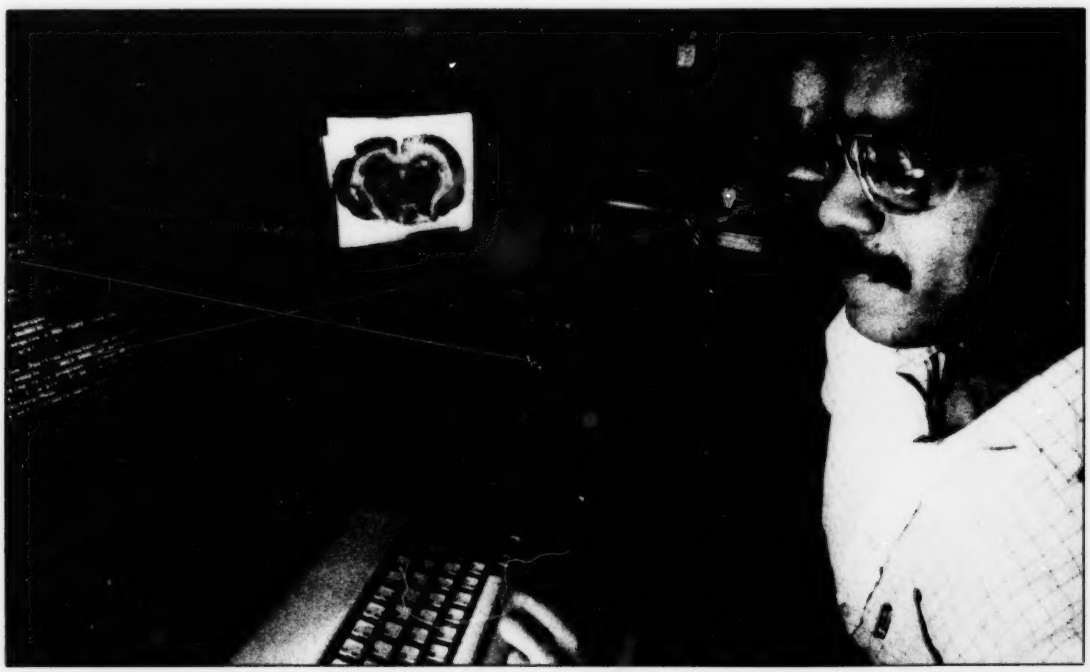
The Clarke, as an organization, is in a state of perpetual motion. "Whatever concept one has of the institute at a certain stage in its development is not necessarily what it was a few years before, or what it will be a few years later," according to Dr. Robin Hunter, former director and psychiatrist-in-chief.

As we move into the world of increasingly complex technological medical developments in the years to come, our commitment to the best possible patient care will continue.

In the words of The Clarke's current director and psychiatrist-in-chief, Dr. Vivian Rakoff, "our future lies in the wide range of activities now underway. It lies in the development of new, more innovative education and research programs to complement the care of our first priority – our patients."

The next phase of this institute will be built on the academic promise of our students who are now beginning to return. The range of our future activities will, therefore, reflect not only the specialized training of these individuals but the demands and needs of our society.

Increasingly effective medication and psychotherapy techniques enable more and more psychiatric patients to leave hospital after



much shorter stays. This exodus, however, has created problems for those not yet well enough to cope with the outside world. For this reason, one of The Clarke's future emphases will be on the rehabilitation of discharged patients, particularly the chronically mentally ill.

"We will," says Dr. Rakoff, "concentrate on maintaining contact with our patients to carefully monitor their out-patient progress and to continue their care."

The movement of populations, as Hippocrates said, is always accompanied by terrible perturbation. It is the study of this perturbation at the social and adaptive levels, across diverse cultural groups, that will also be a major enterprise of this institute in the years to come. We plan to continue and expand our work with those in South-East Asian, West and East Indian, Chinese and Native Canadian communities throughout the province.

There are some exciting things happening in the research field. We hope to participate in some of these new developments with the aid of a PET (positron emission tomography) scanner. This machine allows physicians to examine the brain and body in ways never before possible. We are also building a DNA laboratory where we can use new techniques to study genetics and antibodies.

If we can find the answers to some of the psychiatric puzzles we face everyday, we will. Our patients will be the beneficiaries of whatever progress we make.

AUDITORS' REPORT AND FINANCIAL STATEMENT

To the Board of Trustees of the Clarke Institute of Psychiatry:

WE HAVE EXAMINED THE FINANCIAL STATEMENTS of the Clarke Institute of Psychiatry for the year ended March 31, 1986 which were prepared in accordance with the basis of accounting summarized in note 1 to the accompanying Summary of Revenue, Expenses and Operating Fund, and have reported thereon, without reservation, to the Board of Trustees of the Institute on May 23, 1986. Our examination included the accompanying Summary of Revenue, Expenses and Operating Fund.

In our opinion, the accompanying Summary of Revenue, Expenses and Operating Fund fairly summarizes the related information contained in the financial statements examined by us, applied on a basis consistent with that of the preceding year.

CLARKSON GORDON
Chartered Accountants

Toronto, Canada.
May 23, 1986.

(Detailed financial statements are available upon written request to the Institute)

CLARKE INSTITUTE OF PSYCHIATRY

SUMMARY OF REVENUE, EXPENSES AND OPERATING FUND FOR THE YEAR ENDED MARCH 31, 1986

(with comparative figures for the year ended March 31, 1985)

	1986	1985
Revenue:		
Ontario Ministry of Health		
— Institute operations	$19,686,904	$18,250,827
— clinical education	744,743	713,406
Ontario Ministry of the Attorney General		
— Metropolitan Toronto Forensic Service (note 2)	2,233,654	2,169,036
Out of province patient services	220,864	483,208
Uninsured patient services	82,778	76,622
Other income	902,802	1,024,834
Total revenue	23,871,745	22,717,933
Expenses:		
Salaries and fringe benefits		
— patient care	13,072,182	11,930,601
— education	193,267	184,918
— research	1,782,118	1,714,062
— administration	1,336,453	1,268,167
— plant operation	1,143,731	1,094,782
— clinical education	744,743	713,406
— Metropolitan Toronto Forensic Service (note 2)	1,929,437	1,832,272
Supplies and other expenses		
— patient care	1,150,397	1,068,717
— education	81,305	77,791
— research	223,953	198,623
— administration	749,850	796,038
— plant operation	1,016,026	1,102,256
— Metropolitan Toronto Forensic Service (note 2)	304,217	336,764
Bad debt expense	66,877	58,164
Total expenses (excluding depreciation of building and equipment, see note 1)	23,794,556	22,376,561
Excess of revenue over expenses	77,189	341,372
Operating fund, beginning of year	366,392	51,298
	443,581	392,670
Prior years' Ontario Ministry of Health settlements – clinical education		(26,278)
Operating fund, end of year	$ 443,581	$ 366,392

(See accompanying notes)

CLARKE INSTITUTE OF PSYCHIATRY

NOTES TO FINANCIAL STATEMENT
March 31, 1986

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared in accordance with accounting policies set out below:

(a) The inventory of supplies is recorded at the lower of cost and net realizable value on a first-in, first-out basis.

(b) Fixed assets and depreciation, except with respect to leasehold improvements, are accounted for in the capital fund. Depreciation of building and equipment of $393,169 for the year ended March 31, 1986 ($348,882 – 1985) has been charged directly to the capital fund and accordingly has not been included in expenses of the operating fund.

Fixed assets are recorded at cost and depreciated on the straight-line method over their estimated useful lives at the following rates:

Equipment	–	from 5% to 20%
Building	–	5%

Leasehold improvements are expensed in the operating fund.

(c) Vacation pay is accrued as earned.

(d) Contributions to Special Purpose funds are recognized when payment is received, except for special research grants.

2. METROPOLITAN TORONTO FORENSIC SERVICE

The Institute has operated the Metropolitan Toronto Forensic Service (METFORS) since 1977 under contract with the Ministry of the Attorney General. The operation of METFORS is fully funded by the Ministry.

This arrangement was formalized by contract during the year and accordingly, METFORS' revenue and expenses have been included in the Summary of Revenue, Expenses and Operating Fund for 1986 and the prior year's figures have been restated to conform with the 1986 presentation.

STATISTICS:	1985-86	1984-85
— INSTITUTE OPERATIONS		
In-patient admissions	1,176	1,098
In-patient days	47,443	45,824
Median length of stay	21	29
Day care days	9,828	10,717
Out-patient cases	7,539	7,626
Out-patient visits	71,944	73,300
— METROPOLITAN TORONTO FORENSIC SERVICE		
In-patient admissions	341	313
In-patient days	7,747	7,586
Median length of stay	24	25

ACKNOWLEDGEMENTS

The Clarke Institute of Psychiatry gratefully acknowledges the generous support of the following foundations, agencies and government ministries in 1985-86: Canadian Psychiatric Research Foundation; Health and Welfare Canada; Laidlaw Foundation; Medical Research Council of Canada; National Institute of Mental Health (U.S.A.); Ontario Mental Health Foundation; Ontario Ministry of Health; The Associates in Psychiatry (Clarke Institute of Psychiatry); The Parkinson Foundation of Canada; and The Upjohn Company of Canada.

BOARD OF TRUSTEES

Gordon N. Farquhar
Chairman

Herbert H. Solway
Vice-Chairman

Andy Barrie
Robert P. Bedard
Conrad M. Black
Donald Brookes
Ann M. Hogarth
Eric Hood*
Jean McNeil
Vivian M. Rakoff
George Voineskos*
W. Ross Walker
Donald C. Webster

*medical staff representatives

MEDICAL ADVISORY COMMITTEE

Henry B. Durost, MD
Chairman

George Voineskos, MD
President, Medical Staff

Eric Hood, MD
Vice-President, Medical Staff

Brian Hoffman, MD
Secretary, Medical Staff

George Awad, MD
Joseph H. Beitchman, MD
Harvey Brooker, PhD
Frank Cashman, MD
John Craven, MD
Stanley J. J. Freeman, MD
Stephen J. Hucker, MB, BS
Alan Lyall, MD
Emmanuel Persad, MB, BS
Jennie Pickard, MS-N
Vivian M. Rakoff, MB, BS
David O. Shedden, MA, DSA
Gerald Shugar, MD
R. Edward Turner, MD

SENIOR MANAGEMENT AND CLINICAL STAFF

Vivian M. Rakoff, MB, BS
Director and Psychiatrist-in-Chief

Valerie Rackow, MHSc
Administrative Officer

David O. Shedden, MA, DSA
Administrator

Mark Rochon, MHSc
Associate Administrator

Jennie Pickard, MS-N
Assistant Administrator - Patient Services

Jennifer Fleming
Director, Public Relations and Media Services

Joan Snapp
Director, Personnel Services

Malcolm Murchie
Director, Building and Maintenance

Henry B. Durost, MD
Clinical Director

Beverley Abosh, MSW
Social Worker-in-Chief

George Awad, MD
Director, Family Court Clinic

Joseph H. Beitchman, MD
Chief, Child and Family Studies Centre

Harvey Brooker, PhD
Director, Rehabilitation Services

John Craven, MD
Chief Resident

Kingsley Ferguson, PhD
Psychologist-in-Chief

Stanley J. J. Freeman, MD
Psychiatrist-in-Charge, Social and Community Psychiatry Section

Thelma Gill, MEd, BSc(OT), OT(C)
Occupational Therapist-in-Chief

Stephen J. Hucker, MB, BS
Chief, Forensic Service

Alan Lyall, MD
Psychiatrist-in-Charge, Ambulatory Service

Joseph Pipitone
Child Care Worker-in-Chief

Gerald Shugar, MD
Psychiatrist-in-Charge, In-patient Services

R. Edward Turner, MD
Psychiatrist-in-Charge, Metropolitan Toronto Forensic Service

George Voineskos, MD
Psychiatrist-in-Charge, Emergency Services

Frank Cashman, MD
Education Co-ordinator

Emmanuel Persad, MD
Research Co-ordinator

The Clarke Institute of Psychiatry is a registered charitable organization. Financial contributions in the form of donations or endowments are of major importance to the work of The Clarke's patient care, research and educational programs. All contributions, large or small, are gratefully received and acknowledged. For income tax purposes, receipts are issued to all donors.

This report has been published by the Public Relations Department, Clarke Institute of Psychiatry, 250 College Street, Toronto, Ontario M5T 1R8 (416) 979-6852.

Design: IMS/University of Toronto
Photography: Tony Bounsall

The Clarke wishes to thank the patients and staff whose photographs appear in this report.